



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-6090

**Transmittal of Annual 1098, 1099, 5498, W-2G Information
On Magnetic Media For Tax Year _____**

Date File Submitted _____

Part I — Please complete the following information.

Transmitter Information

FEIN: _____	Type of file represented: <input type="checkbox"/> Original <input type="checkbox"/> Correction <input type="checkbox"/> Replacement <input type="checkbox"/> Test
Current Name, Address, City, State, ZIP Code	Last Year's Name & Address if different this year

Payer Information

List name of payers and respective payee totals for the document types reported on this file.											
Name: _____					Name: _____						
FEIN: _____					FEIN: _____						
Amt. Codes	No. of Payees:	Document Type:		Amt. Codes	No. of Payees:	Document Type:		Amt. Codes	No. of Payees:	Document Type:	
1	\$	7	\$	1	\$	7	\$	1	\$	7	\$
2	\$	8	\$	2	\$	8	\$	2	\$	8	\$
3	\$	9	\$	3	\$	9	\$	3	\$	9	\$
4	\$	A	\$	4	\$	A	\$	4	\$	A	\$
5	\$	B	\$	5	\$	B	\$	5	\$	B	\$
6	\$	C	\$	6	\$	C	\$	6	\$	C	\$
Name: _____					Name: _____						
FEIN: _____					FEIN: _____						
Amt. Codes	No. of Payees:	Document Type:		Amt. Codes	No. of Payees:	Document Type:		Amt. Codes	No. of Payees:	Document Type:	
1	\$	7	\$	1	\$	7	\$	1	\$	7	\$
2	\$	8	\$	2	\$	8	\$	2	\$	8	\$
3	\$	9	\$	3	\$	9	\$	3	\$	9	\$
4	\$	A	\$	4	\$	A	\$	4	\$	A	\$
5	\$	B	\$	5	\$	B	\$	5	\$	B	\$
6	\$	C	\$	6	\$	C	\$	6	\$	C	\$
GRAND TOTAL of all payee records reported for all payers:					GRAND TOTAL of all payment amounts reported for all payers: \$						
NOTE: The dollar amounts totals above should be the same as those entered for each accumulated total on the 'C' record of your media file. A mismatch could cause delayed processing, or your file may be returned to you for correction.											
Signature _____ Title _____ Date _____											

Media Characteristics

TAPES/CARTRIDGES		Media No.	External Label No.	DISKETTES/COMPACT DISKS	
Internal Header Labels: <input type="checkbox"/> Yes <input type="checkbox"/> No		1 of		Filename Used: _____ Density: <input type="checkbox"/> Single <input type="checkbox"/> Double	
Recording Mode: <input type="checkbox"/> EBCDIC <input type="checkbox"/> ASCII		2 of			
Record Length = 750		3 of			
Blocksize =		4 of			
		5 of			
		6 of			
Person to contact for media problems: Name _____ Telephone _____ Ext. _____					

Part II — PREPARATION INSTRUCTIONS

A. Form Preparation

Prepare a separate FTB 3601 Transmittal for each type of media; i.e., if your organization reports on both tape and diskette then each media must be accompanied by an FTB 3601 Transmittal. It must be prepared in the manner described below listing only the items and dollars that relate to the records designated for California.

Note: It is acceptable to copy the FTB 3601 Transmittal if you have too many payers to report on one page. A computer generated form is also acceptable if it contains all the required information.

1. Transmitter Information

- FEIN – The Federal Employer Identification Number of the agency sending the file to Franchise Tax Board.
- Indicate whether the media file is the original issue, corrections to individual records from your original file, a replacement for the entire original file, or a test file.
- Address of the agency sending the media file to the Franchise Tax Board. If there is any change in the name and address reported last year, enter both the new and the old information in the appropriate boxes.

2. Payer Information

- List the payer name, FEIN, the number of payee documents, the document type (e.g., 1099-INT), and the corresponding dollar amounts for each of the amount codes reported. If you are reporting more than four document types or payers, copies of the FTB 3601 transmittal form are acceptable.
- Accumulate and enter: (1) the total number of California payee "B" records reported for this payer, and; (2) the total dollars for all California payees reported in each payment amount field 1–9 and A–C for this payer. If this information is reported on an attached computer list, it must be carried forward to the "Grand Total" line, Part I of the transmittal.
- The signature line must be properly signed and dated by the person to whom the organization has delegated this responsibility. An organization transmitting for others may sign the form provided written permission was granted by the payer(s). If permission is granted, the organization becomes the payer(s) agent and assumes responsibility for data quality and completeness.

3. Media Characteristics

- Indicate the tape/diskette recording characteristics by filling in the necessary information and checking the appropriate boxes. This information should be obtained from someone in your data processing area.
- If your information is reported on magnetic tape reels, enter the reel sequence numbers so that we can process them in the proper sequence. Enter the corresponding external reel numbers assigned by your organization. If we experience any file problems, the reel numbers may be used as a point of reference when we call.

4. Contact Information

- Enter the name and telephone number of a person we can contact for technical information or to resolve media problems.

B. File Preparation

1. Affix a transmitter identification label to each tape reel, cartridge or diskette.
2. If multiple volumes are submitted, list the volume sequence numbers on the media labels (i.e., 1 of 2, 2 of 2). If only one media file is submitted, list it as "1 of 1".
3. Mark each label with the transmitter's name, type of reporting (ie., 1099, 1098, W-2G), and the tax year being reported.

Part III — MAILING INSTRUCTIONS

Complete this form as described above (Part II) and either ship or mail it with the media file(s) to:

SHIPPING

Magnetic Media
Service and Supply
Franchise Tax Board
9645 Butterfield Way
Sacramento CA 95827

U.S. MAIL

Magnetic Media
Franchise Tax Board
PO Box 942840
Sacramento CA 94240-6090

Part IV — INFORMATION CONTACT

For further information regarding magnetic media reporting please call the Franchise Tax Board Magnetic Media Unit at (916) 845-3778.